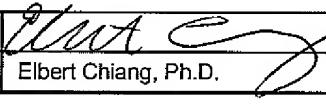


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
Fee TRANSMITTAL For FY 2009		Application Number	10/575,736-Conf. #9415
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	October 11, 2006
TOTAL AMOUNT OF PAYMENT (\$) 1,110.00		First Named Inventor	Michael V. Agrez
		Examiner Name	B. Duffy
		Art Unit	1643
		Attorney Docket No.	65350(54086)

METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-1105				Deposit Account Name: Edwards Angell Palmer & Dodge LLP			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below				<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17				<input type="checkbox"/> Credit any overpayments			

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES			
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)	
	Utility	330	165	540	270	220	110	_____
	Design	220	110	100	50	140	70	_____
	Plant	220	110	330	165	170	85	_____
	Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____	
2. EXCESS CLAIM FEES								
Fee Description								
Each claim over 20 (including Reissues)								
Fee (\$) Small Entity								
52 26								
Each independent claim over 3 (including Reissues)								
220 110								
Multiple dependent claims								
390 195								
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
- 20 or HP		x	=	_____	Fee (\$) Fee Paid (\$)			
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	_____			
- 3 or HP =		x	=	_____	_____			
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____		- 100 =	/50 =	(round up to a whole number)	x	=	_____	
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110.00								

SUBMITTED BY							
Signature				Registration No. (Attorney/Agent)	60,325	Telephone	(617) 517-5502
Name (Print/Type)	Elbert Chiang, Ph.D.			Date	February 20, 2009		